Volunteerism is at the heart of Dr. King's philosophy and the purpose of the Be a King Volunteer Fair is to introduce people to ways they can become actively involved in civic and community programs. The greatest tribute we can bestow upon the memory of Dr. King is to invite people of all backgrounds to celebrate this special holiday held in his honor by performing individual acts of kindness through service to others.

Date	Time	Application Deadline
1/1 /2	10:00am 2:00pm	1/ /2

#### **Event Location**

South Concourse

### Guidelines for Participation

Event participation is free.

An 8 X 10 booth space with 1 skirted table and 2 chairs will be provided.

Event signage will be provided.

Booth locations will be assigned by OGS.

A certicate of insurance is required from all participating organizations unless the organization is a city or state agency. See Insurance Requirements on the Application page.

Failure to leave booth space in condition found will forfeit any future participation.

Access to power is available. Participants are required to bring their own lead cords and power strips.

Sales are prohibited.

Facility Access Load in Only

Event Load-in: Wednesday, January 1, 202 from 8:00 - 10:00 a.m.

Vehicle Access for load in: Please complete and return the form on page 3 for every vehicle and driver requiring delivery, pickup, or oversized vehicle access.

### Parking

Parking will be available in the Visitor's Lot (underground parking)

A complimentary parking pass will be provided to each participating organization along with their booth assignment.

For more information about parking at the Empire State Plaza, please empirestateplaza.ny.gov

Please submit your completed application form, completed delivery request form, a copy of your certicate of insurance, and any questions to Jason Rumpf:

New York State O ce of General Services, Convention & Cultural Events Tel 518.473.2982 jason.rumpf@ogs.ny.gov



## Dr. Martin Luther King, Jr.

# "Be a King" Volunteer Fair Application

**Application Deadline is January 3, 2024** 

Organization Name			
Contact Person			
Address	City	State	ZIP
Email	Phone	Fax	
Insurance Requirements  Requests for booth space will not be processed without State Agencies are exempt from this requirement.  Commercial General Liability insurance with a limit of not In the description box the following language must be a employees must be named as additional insured."  Certificate Holder should be NYS Office of General Serv.  Workers Compensation, Employers Liability, and Disability Workers' Compensation/Disability Insurance or provide. For more information, visit <a href="https://businessexpress.ny.go">https://businessexpress.ny.go</a> By initialing in this box [ ], the Organization is applying requirements and it hereby certifies that is an unincorporal insurance would impose an undue financial burden. Vertical OGS to confirm these representations.	ot less than \$1,000,000 each occurred ded: "The People of the State of Novices, Empire State Plaza, Concours ity Benefits as required by New Yor the CE-200 (Exemption Form).	rence, \$2,000,000 ge New York, its officers, se Room 120, Albany, rk State law. Please pr erical General Liability provision of Commer	eneral aggregate. agents and  NY 12242 rovide proof of r insurance cial Geneal Liability
Signature of Applicant	Date		
Convention & Cultural Events Represenative Signat	ure Date		

Please fax or email your completed application and materials to: Jason Rumpf



### **Convention & Cultural Events**

Concourse, Room 120 Empire State Plaza Albany, NY 12242 empirestateplaza.ny.gov

### **Empire State Plaza Delivery Request Form**

Completion of this form is required to ensure your delivery/pickup is scheduled with the Empire State Plaza Mail and Freight Security Unit. All deliveries and unloading of event materials must take place at P1 North Loading Dock A prior to parking. Vehicles attempting entry without prior authorization will NOT be allowed access. **Completed forms must be received 48 hours prior to requested access date.** 

Please return this completed form, along with your completed application and insurance documents to:

Jason Rumpf

jason.rumpf@ogs.ny.gov Fax: 518-473-0558

## PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY AND PRECISELY THIS FORM MAY NOT BE ALTERED – THANK YOU FOR YOUR COOPERATION

Event Name	E	Event Date 1/10/2024 Phone		
2024 Be a King Volunteer Fair	1			
Exhibitor Business Name	·			
		,		
Date of Delivery	Delivery Time	Delivery Time		
Return Pickup Date	Pickup Time	Pickup Time		
Event Coordinator	Phone	Phone		
EXACTL	Y AS IT APPEARS ON YOUR DRIVER	S LICENSE		
Driver Name				
License ID Number	State of Origin	State of Origin		
Vehicle Plate Number	State of Vehicle Reg	State of Vehicle Registration		
Trailer Plate Number (if applicable)	State of Trailer Regi	State of Trailer Registration		